

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services**

EFFECT OF MASS CHANGE ON YOUR FOOD STAMP ALLOTMENT

DATE: _____

COUNTY: _____

F.S. CASE NO.: _____

We are writing to tell you about the effect that a mass change in _____
_____ had on your food stamp benefits.

☐ Your food stamp allotment has been changed from _____
to _____ starting on _____.

☐ Your food stamp benefits will be ended on _____.

Remarks: _____

The State regulations supporting this change are found in Section 6300 of the Food Stamp Certification Manual.

You have a right to a fair hearing of your case if you don't agree with our decision. You can request a fair hearing by letting your local Food Stamp Office or County Department of Social Services know of your request in person, or by telephone, or in writing. The hearing may be requested by any member of your household or by your representative. You can be represented at the hearing by a personal representative, including an attorney obtained at your own expense. Free legal advice may be available. Contact your nearest Legal Services Office.

If you have any questions about this change, contact your Food Stamp Worker.

Sincerely,

Signature of Worker

Telephone Number